

GMA Newsletter

Central Coastal Chapter

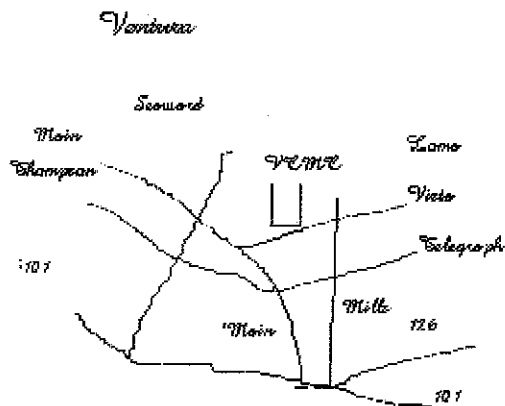
P.O. Box 360

Gamarillo, Ga 93011

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The October meeting will be held at Ventura County Medical Center on Tuesday October 18th in the small Administration conference room on the third floor. Dinner to start at 6:30 PM and the meeting at 7PM. RSVP to Gary Lowery at 805-652-6676. Officer nominations and chapter future will be discussed. All members should attend!



Directions: From the North, exit at Seaward Ave, go left over the 101 bridge and continue on to Main Street. Turn Right and go to Loma Vista. Left on Loma Vista 4 blocks. Hospital is on the Left; parking is off street behind the hospital.

From the South: Take the Main Street exit; make an immediate Right on Mills Rd. Continue on Mills to Loma Vista; Left on Loma Vista; is on the right 3 blocks.

Small Administration Conference room is reached by entering the hospital from the rear through the NEW building. Take the corridor to the right into the old building. Make a right past the old lab and a second right to the elevator. Take the elevator to the 3rd floor, exit left. Small conference room is on the left.

Batteries: In addition to price and consideration of service, how else do you qualify your battery vendor? First not all batteries are the same. Also age and storage decreases battery life. What does the vendor or OEM do to support long life (proper storage, dates) of their batteries? I have seen OEM's storing batteries in unheated warehouses year round - then they wonder why they have battery problems. I have also seen OEM's test every single battery prior to sending to a customer. As end users we should consider what the battery is for and attempt to find a qualified battery that is less expensive than the OEM, if that is the goal. Some items like dopplers, scales, thermometers, etc whatever battery is used is probably nothing more than a nuisance if it fails. Other devices such as IABP, Defibs, Ventilators, etc a failed battery exposes risk to poor patient outcome as well as litigation. For those items on your JCAHO life support list I would assure you understand how the OEM supports and tests those batteries and purchase from them. If you work on that prior to purchase, you can negotiate the deal for a couple years of batteries at no charge, During negotiation you can get their factory battery OEM plan (you also may not want to purchase when they tell you the batteries come off a truck and they repackage and send to the hospital). For everything else, purchase a good battery analyzer - Cadex makes an excellent one - and test every battery that comes in your door. Everyone has a bad batch, this will let you know of the failure, prior to having to reinstall batteries in another dozen or so infusion pumps. If you get a vendor that consistent testing says that the batteries are OK, then stick with that vendor. Determine where to use third party batteries and test and validate those batteries. Duane Mariotti

We've been dealing with R & D out of MN for a few years now and I must say I've returned less than 1% due to premature failures. Our BIG problem is the user rather than the vendor. Most of our failures are due to letting the SLA's sit in the discharged state for periods of time. I bet I'm not the only one preaching this. sanpedrodave

A cost effective way to remedy the SLA storage issue you are speaking about is to use the Accumate charger. This charger is very easy to use and not time consuming to operate at all. They are \$49.95 and will maintain any 6 or 12-volt battery and will turn off after the battery reaches full charge. We also recommend the Cadex as well for a charger conditioner, but for SLA with no -memory issues the Accumate is the way to go. You may find more information on the Accumate at ["http://batteryclinic.com/accumate_battery_charger.htm"](http://batteryclinic.com/accumate_battery_charger.htm) Lara Bridges @Battery Clinic, Inc

We at the Mayo use Diversified Medical NCE for all of our batteries. They are the owners of the old NCE. We have found that they have the best deal for batteries out there. They have offices all over the US and deliver direct door to door. They also keep us aware of our PM schedules. They have their own system that maps out the maintenance of our batteries and they even have a technology that allows them to track a defective battery before it becomes a problem.

I agree with Battery Clinic that most of us do not understand battery chemistry, but in general we have not found most companies to be the same that provide batteries. Some companies like Access Batteries and other use cheap substitutes.

We found that Diversified Medical is one of the few that will not compromise on quality. This company is also the only one to supply new cases for most new batteries rather than just rebuilding. Just for reference 800-328-3773. Hope this helps and we at Mayo love this board. It is amazing to see how many of us are dealing with the same issues. Jim Trenton Mayo Clinic

I just ran through an issue with SLA batteries for Baxter infusion pumps purchased through a 3rd party vendor. We use a Cadex to analyze/charge the batteries prior to use and found most of them charging to a capacity less than 85%, with most in the 70% range. The 70% batteries failed the pump discharge testing, however, 80% or better will pass, but its obvious your battery life is going to be rather short. An aside to this story ... Cadex recommended a different charging setup which take more than 24 hours to charge these batteries. I did see better capacity values, but not significant. Normally, the Cadex charges the pump batteries in 10 hours, which is about the same time it takes the Baxter pumps to charge them fully, so I have to assume the faster charging times for the Cadex should still yield a fully, 100% charge when the batteries are new. I've has numerous single channel Baxter colleagues run for over 5 hours on a fully charged battery...some as much as 7 hours. The less than 85% cells will be low in 3 hours or so, but pass the Baxter discharge test. Guess the point is ... get a battery analyzer and save some cash, and possibly patient care issues. any comments on charging of SLA batteries and analyzing them is also greatly appreciated David Soumis

"Notes" handwritten note found on Spacelabs monitor... "NO BRAINS IN MONITOR, BIOMED HAS THEM !" can you top that? J. Scot Mackeil

Accuracy like that is hard to beat. Glad they didn't write "Biomed took them and won't give them BACK !!!! But I love it! Michael Rende

"Broke, but it's not broke enough for you to fix it yet." And from someone who's no longer here in Biomed who quipped back, "Is it broken enough for us to have it now??" Ray Brown

Just to name a few: 1) Found on IV Pump "It makes beep" And 2) on a Defib "Shocked the Patient" Later....john d west

How about "Do not working for take temp-tympanic" Or, found on a thermometer with a snapped probe "Needs Viagra" . And my favorite conundrum... "Won't turn off or on." Scot Copeland

I have 2: 1. Work request on transducer cable.... "Won't transduce" 2. Note on a SPO2 cable with the connection to the finger sensor completely torn off, exposing open wires. Note states that the cable will not give the proper O2 saturation reading. Kent Forsythe
Oh... and I love the infusion pump with the note on it saying "it will not stop beeping" and I found it outside the Emergency Department in the parking lot trash. Only reason I found it was because I recognized the beeping!! Kent Forsythe

That still has to be better information than the repair note stating "broke"!

How about: Fix me - I'm annoying! Tom Drew

I still have these notes: 1. "Not Broken But Busted" 2. "Burned up.... Burned up real good" (they had covered the fan on a bili-light) 3. A 52 word essay describing a dead battery on a SpectraLink cordless phone. (Use your imagination) John M. Wolken

And there is always my personal favorite "Blinky blinky light no blinky" Dee Finch CBET

Parks doppler with broken plastic case. Tape wrapped around holding it together had one word written on it - "OOPS" Mark Freeman

I had an IV pump marked "I'm code blue" once.

On a similar note, I once has a nurse complain (while I was in the patient room for another matter) about the "swishing" sound emanating from the IV. She had her back to the set, and asked me if I'd fix it, speaking in a very irritated voice. I explained to her if she'd just turn around and look that she'd see that the IV was tuned to the "Scenic" in house channel, and that it was a scene of seagulls running on the beach while the waves crashed. I do hope I'm never in her care. Cliff Shelby

LOL.... Of course, my immediate response would be to page/call *ALL* the Biomed's in the facility, and do a Code Blue right there on the spot.... ("I'm not getting a response.... Crack it's case!.... Power Screwdriver.... 4mm hex head... NO, DAMMIT! I said *4* mm!!! Can't you see you're *killing* my patient???") Paul DeLisle, CBET

I have a note that I taped up on the wall near my desk that reads: "The screen is as hard to read as my writing". David Bond

Not trying to top it, but have seen:

"Patient pi**ed off, tele-pak pi**ed on, meds will fix patient, need Biomed to fix tel-pak"

(attached to tel-pak that took a dive into the toilet)

"Monitor 0, door 1" (attached to portable monitor with cracked front case.)

"Nascar fan, nuff said!" (AMX 4 portable x-ray unit parked next to hole in left wall of hallway)

(hint...went fast, turned left)

"Nurse that goes fast will remember to unplug from wall next time so cart can keep up" (attached to crash cart power strip with cord ripped out)

and one of my all time favorites:

"I'm not qualified to say if it is worth a sh** or not, but my patient thought it was!" (attached to outside of biohazard bag with a tele pak inside the bag)

My Friday funnies for everyone, it's five o'clock somewhere, going to find Margaritaville. Relax, it's only 2 days until Monday and we can get back to it again! Alan Ormsbee, SR BMET

The following note was on an infusion pump; This pump is broken, I don't know whats wrong with it, but the patient said it's broke, please fix..... and yes, it was signed by an RN, in the ICU no less.. Drew McElroy

On a light hearted note, I received an NIBP monitor that had fallen over 5 foot to the floor in Surgery. The work order said, "Monitor leaped to its death and we didn't even know it was feeling depressed." Rick Smart CBET

Most of the staff at the first hospital I worked had learned English as a second language. I assume this contributed to the classic "biomed sign" I found on an old NIBP machine in the hallway one morning on rounds. Written with a Sharpie, on paper towel, and secured to the machine with approximately 25 meters of milipore tape were the words "NO WORKEE". I had it framed and hung over my bench for many years. -Steve Newman, SBMET

Our shop once found a note safety pinned to a non latex Spacelabs BP cuff... of course it said: "I think it has a leak". jmmarz

I had a Passport 2 recently with a VERY BROKEN display and casing and a note (wrapped several times with that tape we all love so much) that said "It didn't even fall that hard" ...
Christina Newton

Many years ago, while still in the US Army I received a piece of equipment with this note on it: "Had a dirt nap and vehicle accident. Please do not bury me! Thank you" Chris Jones

I have a Spacelabs SPO2 cable with a broken connector, module end, that came down from ICU with this note: " Dismantled by a confused patient". Charlie Traub, CBET

On an ultrasound unit: I turned it on @ 2355 to do a testicle & it looked fuzzy!!

I once had a w/o put in saying the Blanket Warmer was leaking water. When I went up to the floor to explain to them that there was no way....that the blanket warmer didn't have any water hookups....they tried to convince me I was wrongsaying we cleaned up the puddles...by the way it was in their sterilizer room with a small Hot Water heater that was leaking. MATTHEW KENNEY

G.E. AMX4 with no displays:

We've got a G E AMX4 with no displays. We've checked ribbon cables, resoldered connectors but cannot isolate the problem. Anyone have any experience with this problem? The unit drives ok, the tube hold down works, it makes the normal sounds when the hand switch is pressed although we can't determine what the output is set to. Mark Melvin, CBET

It is probably either the display board or the display controller 46-208935P8 or 46-321370G1. One of them has an encapsulated power supply on it and that is probably the defective board. Brian R. Morey

Check the 40V supply generated on the display controller. If this is gone, you need a new board. The little epoxy filled module on the board takes the +24 and steps it up to +40 volts for the vac. fluorescent displays. Feeds both display panels. Done about 3 in two years here out of 10 AMX4/4+ portables.

Frank Freedman

Eppendorf:

We have a vendor for the Do-Not-Buy list: Eppendorf. We have a 5 yr old 5810 Centrifuge that all it would tell you was to "LIFT LID" when it was closed and "CLOSE LID" after you opened it. This was the result of getting errors 6 & 16. We troubleshot it as thoroughly as we possibly could and it was looking like the imbalance detection pcb could be the culprit. We decided that it was time to call tech support.

When we called for tech support and were told that they could only be reached via e-mail with a possible turn around time of 24hrs. We e-mailed them with an in-depth description of the problem. After approx. 48hrs of no response, one of our techs decided to e-mail them using his military e-mail address. After approx. 120hrs, he received a brief 'never ran into this problem before...try checking the cabling between the boards...'. Been there, done that and we never have received a response from our first e-mail!!!

In the meanwhile, we found out that a service call to our hospital would be \$250.00 travel charge plus \$160.00/hr = a \$410.00 minimum + parts and a new 5810 Centrifuge costs \$8500.00. Our guess is that it's the imbalance detection pcb and it costs \$51.00. We ordered the board on Fri. for Fedx next day because we told them that we needed it on Mon and they assured us that it would be here. Well, called them yesterday afternoon to find out where the part was and we were told that it was shipped out yesterday!!! They are so eager & willing to take your money and then leave you high & dry. Imagine that!!!

Because of Eppendorf's own shortcomings and LOUSY *%#@! customer support, our hospital will never purchase an Eppendorf-brinkman product again. This came from the top with our little biomed shop's recommendation and our lab's approval. Clara L. Santopietro, BMET Rutland Regional Medical Center Rutland, VT

Would you like a copy of the Service Manual? What is your e-mail address? B Gantt
ganttb@mail.nih.gov



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GE/Marquette CASE 16 Paper Skewing:

I have been trying to keep 6+ CASE 16 Stress test systems going for a while, even though they went out of support last year. I am now getting intermittent paper skewing/jamming complaints on a majority of these systems. Many times this skewing happens just as the patient has a run of significant arrhythmias. On one machine, I got a new similar writer (For a MAC-VU as no new CASE 16 writers are available) and swapped over the drive motor, sprockets and drive belt, ran over 20 pages of charting to test it, but the next day had the same paper skewing complaint on the system. Thinking that 3rd party paper might be the culprit, I ordered a couple of cases of GE paper, but the problems remain. I can see no adjustment points for paper tracking on the writer, and am at a loss as to what to do, other than replace the entire treadmill systems. Has anybody got any suggestions? Bill Knight Sacramento

Hey Bill, I'm kinda grasping at straws here but when you were doing your multi pages of testing, did you do just NS or did you do some of the arrhythmias that the patients were exhibiting? The only thing that could cause the paper to skew the way you're talking about is if somehow the print head is dragging on the paper, pinching it down slightly, just enough to start skewing. I don't recall how the paper loads into the CASE 16, we don't have any here, but do they use the same kind of sinstered iron wheels that H-P used to use on the older 4700-series recorders? Now, watching one of those go thru an extended printer test was almost a joy to watch. But if there was any paper residue on the driving wheels, then the printer wheels had to be cleaned with chemicals, because it would be very hard to get the paper bits off those crinckled wheels. Or does this thing have tractor sprockets? Anyways, that's my \$0.05 worth, adjusted for inflation. :-) Ray Brown, CBET

Bill, I had this problem with several GE systems, the customer was using generic paper, ordered GE paper and still had the problem. I had KIM in tech support send me several packs of a different lot and that solved the problem. They use the premium paper with the header on top. Its definitely a paper problem. Good luck. I think they found another generic paper that has been working, they are getting it from Lynn Medical. If you try them tell Bob you want the paper CIS is using Bryan Gallet

I went back to GE paper on my case 16 and problem went away. I didn't want to believe it, but I haven't had any more skewing problems....just a larger paper bill on my case 16. sandpedrodave

OEC and Pacs:

We have several OEC 9800 and 9800 Plus C-arms that we are having difficulty configuring to communicate with our Cerner PACS. Our OEC rep insists that it is a network addressing issue. However, I was recently told that another area hospital had experienced the identical problems when configuring/ addressing their GE/OEC 9800 units for PACS, and the problem was later found to be an OEC equipment issue not an addressing issue. Have any of you run into similar problems with your 9800s. If so, how were those problems resolved? Thanks in advance. John Walsh Somerset Medical Center

The issue is may be in the OEC Dicom header. They do not send the correct information in their basic format, you need a more advanced format from them. Ask for their DICOM compliance statement and get one of their DICOM experts on the phone and they will tell you what data is missing from header and how to add. That was the problem we had. It took a long time to get resolved. John Walsh

Get DICOM statements from both parties and make sure all the SCU and SCP classes ad up or are the same. Michael Rende